



MARYLAND Department of Health

Public Health Preparedness and Situational Awareness Report: #2019:35

Reporting for the week ending 08/31/19 (MMWR Week #35)

September 6th, 2019

CURRENT HOMELAND SECURITY THREAT LEVELS

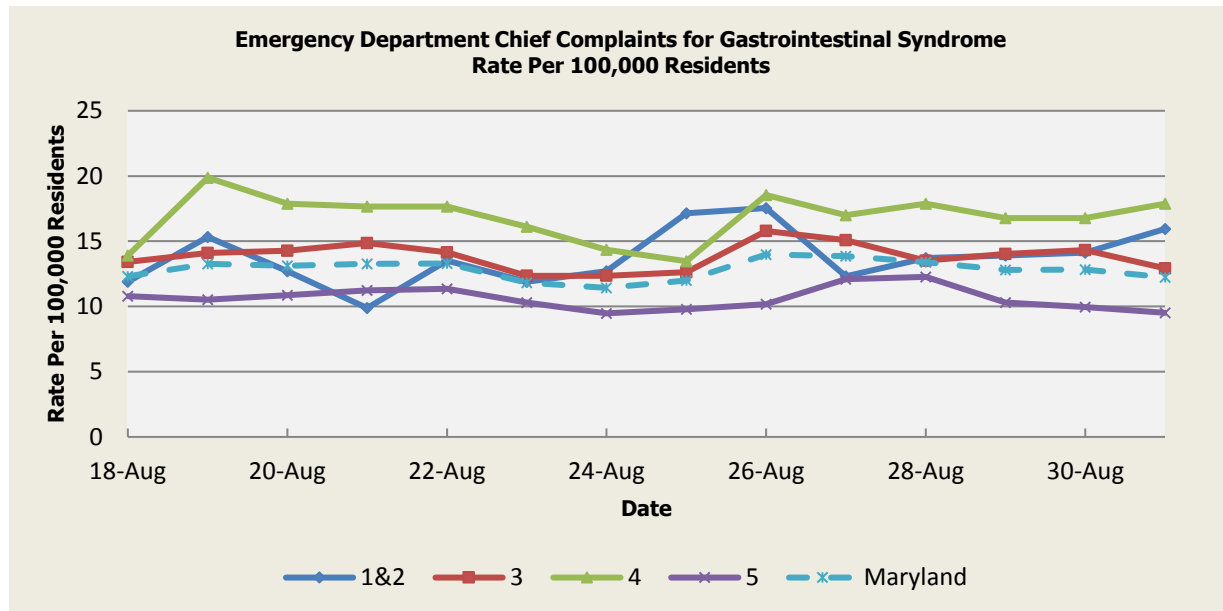
National:	No Active Alerts
Maryland:	Partial (MEMA status)

SYNDROMIC SURVEILLANCE REPORTS

ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics): Graphical representation is provided for all syndromes (excluding the “Other” category; see Appendix 1) by Health and Medical Regions (See Appendix 2). Emergency department chief complaint data is presented as rates per 100,000 residents using data from the 2010 census. Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE). Baltimore, MD: Maryland Department of Health; 2019.

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Gastrointestinal Syndrome



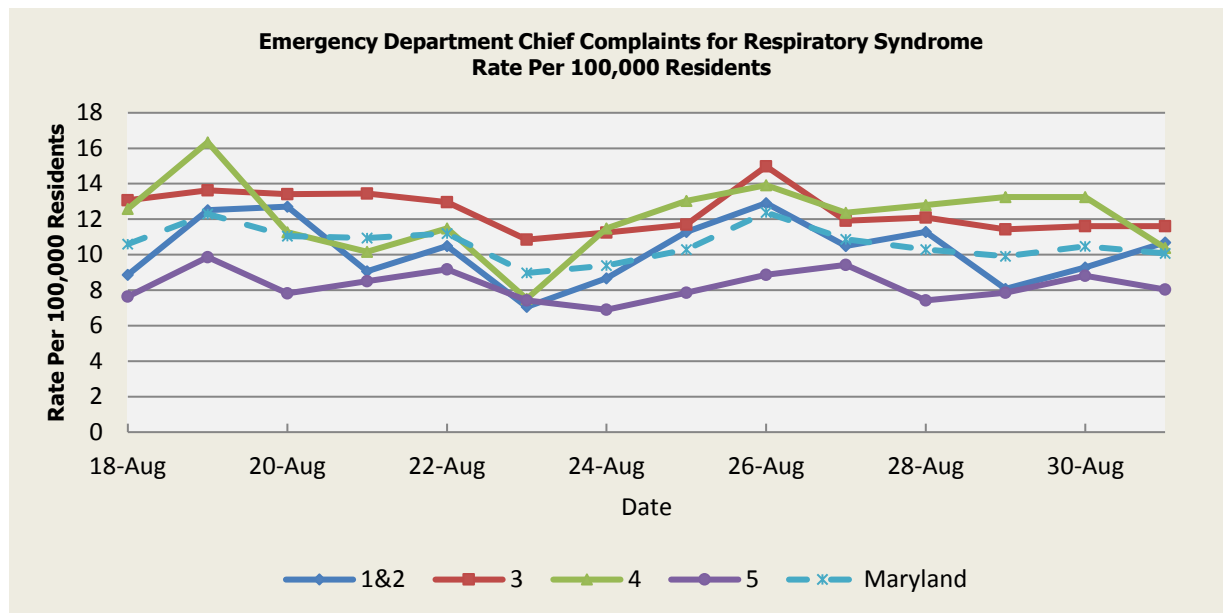
There was one (1) Gastrointestinal Syndrome outbreak reported this week: one (1) outbreak of Gastroenteritis in a Nursing Home (Region 4).

Gastrointestinal Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	13.28	15.09	15.93	10.25	13.15
Median Rate*	13.11	14.87	15.46	10.17	13.01

* Per 100,000 Residents

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Respiratory Syndrome



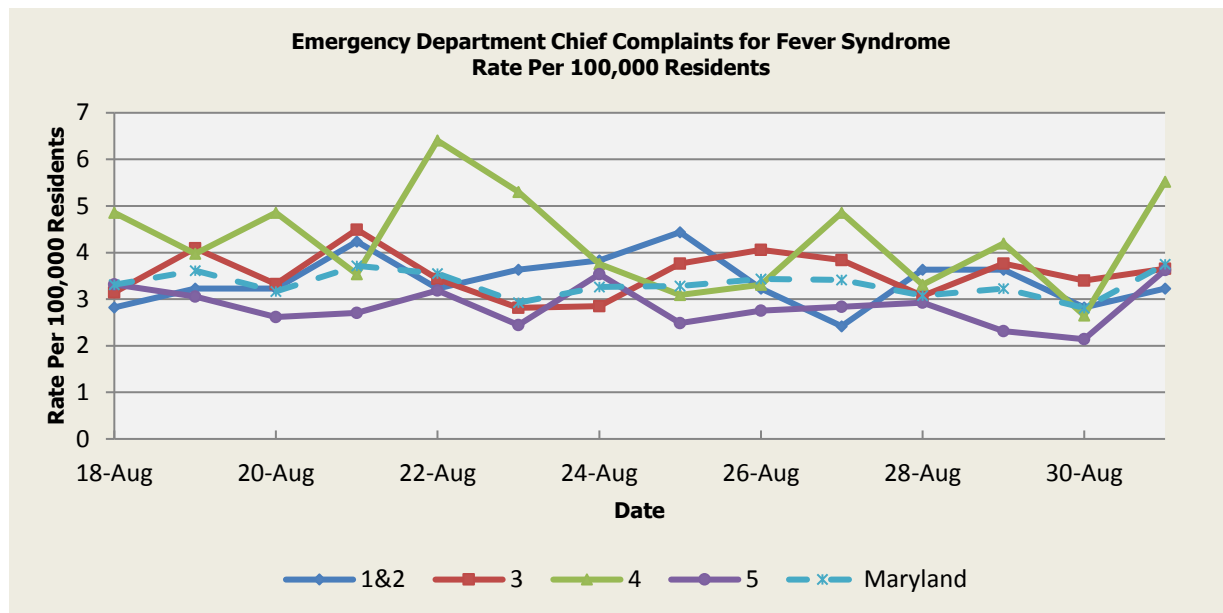
There were no Respiratory Syndrome outbreaks reported this week.

Respiratory Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	12.61	14.70	15.04	9.95	12.73
Median Rate*	12.10	14.14	14.35	9.60	12.23

* Per 100,000 Residents

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Fever Syndrome



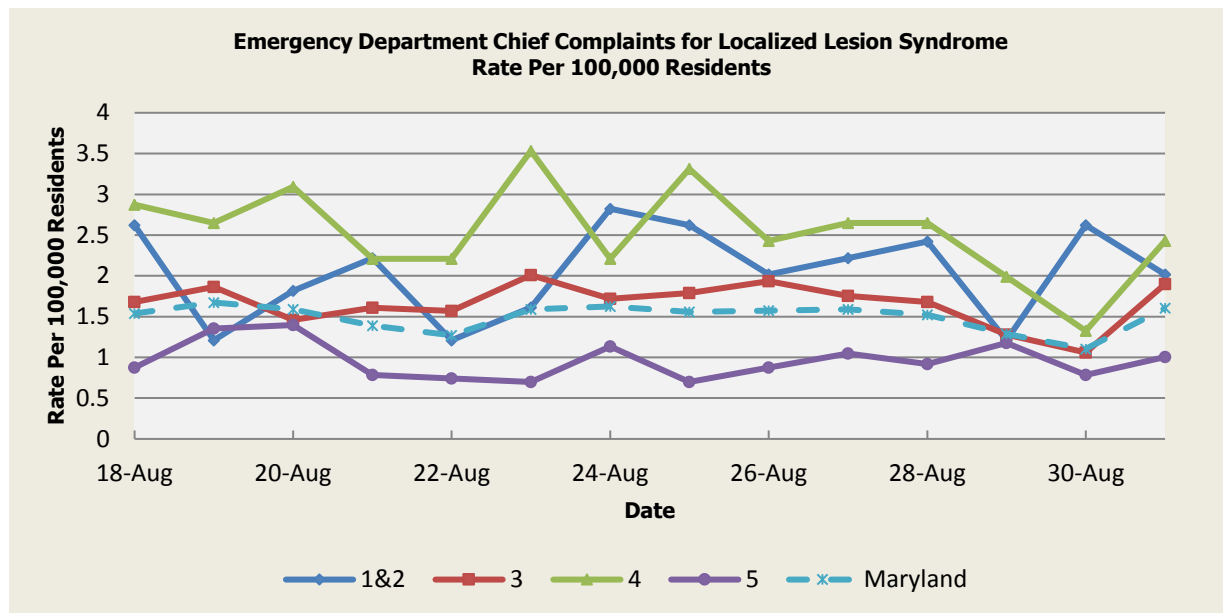
There were no Fever Syndrome outbreaks reported this week.

Fever Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.08	3.90	4.12	3.04	3.52
Median Rate*	3.02	3.80	3.97	2.92	3.40

**Per 100,000 Residents*

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Localized Lesion Syndrome



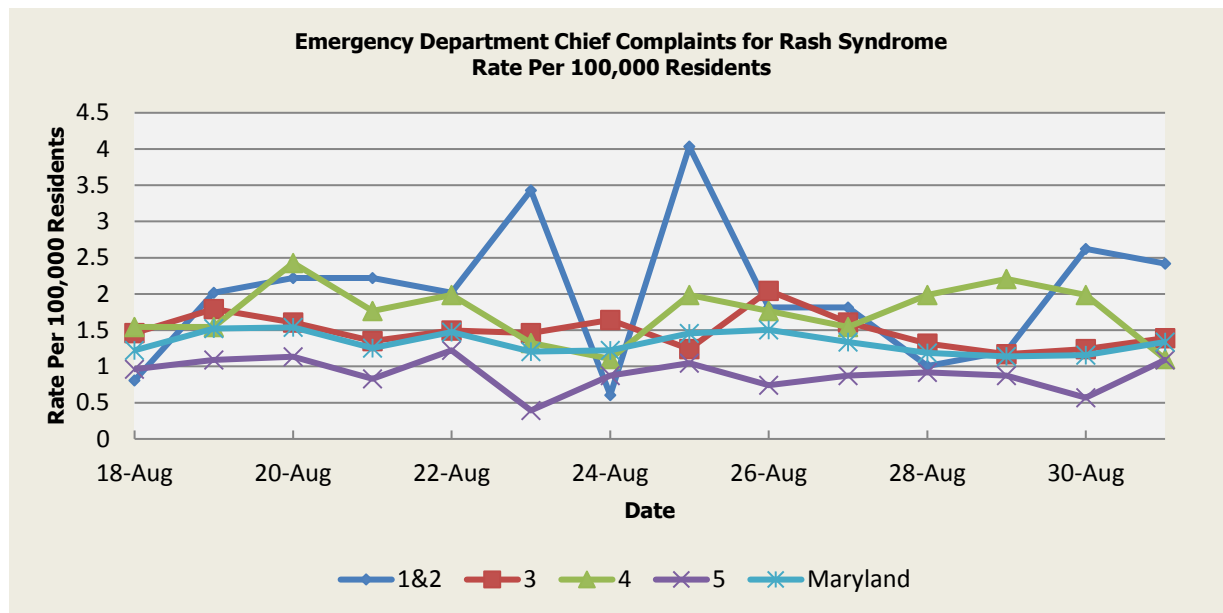
There were no Localized Lesion Syndrome outbreaks reported this week.

Localized Lesion Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.15	1.79	2.05	0.91	1.42
Median Rate*	1.01	1.72	1.99	0.87	1.37

* Per 100,000 Residents

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Rash Syndrome



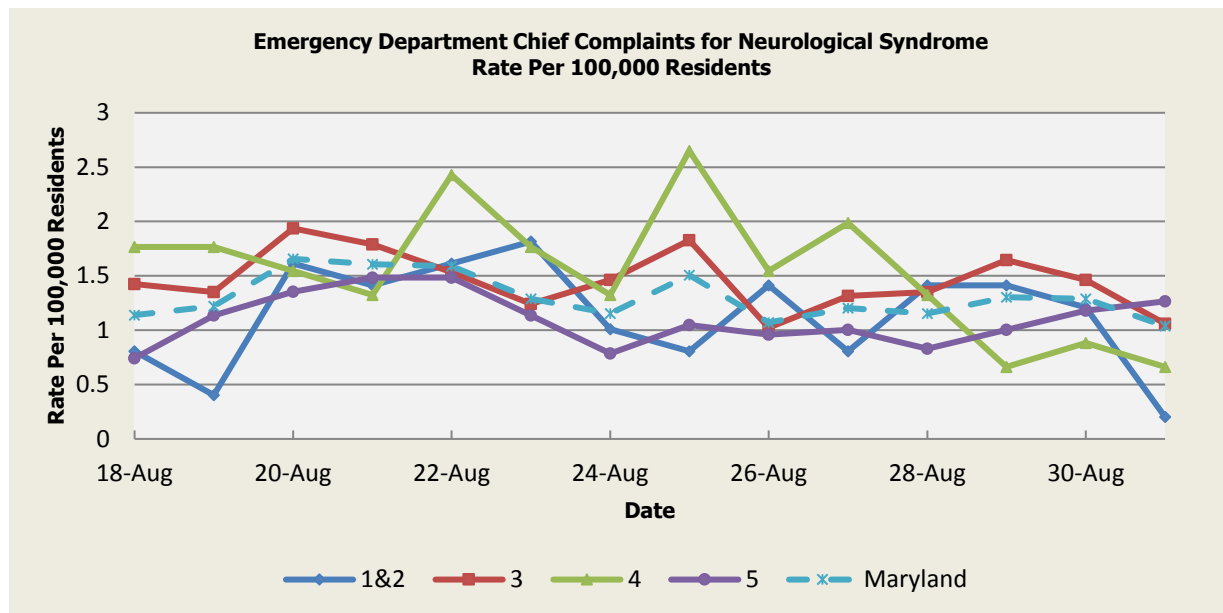
There were no Rash Syndrome outbreaks reported this week.

Rash Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	1.24	1.68	1.77	0.98	1.38
Median Rate*	1.21	1.61	1.77	0.92	1.32

* Per 100,000 Residents

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Neurological Syndrome



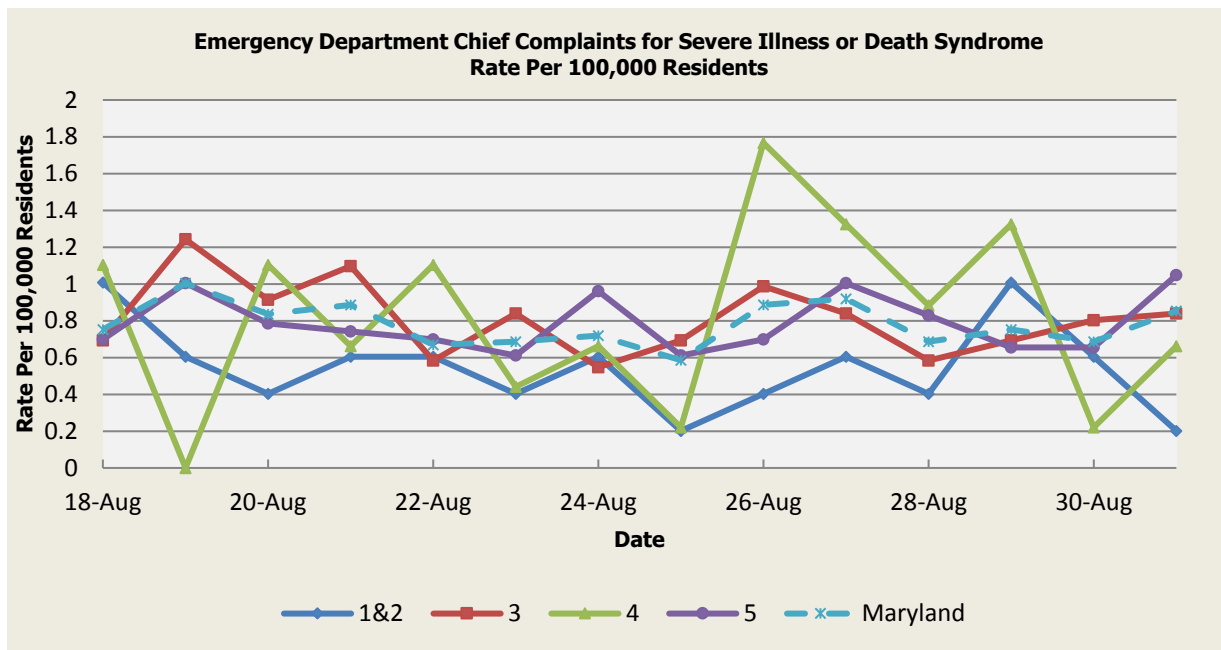
There were no Neurological Syndrome outbreaks reported this week.

Neurological Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.78	0.95	0.86	0.60	0.80
Median Rate*	0.81	0.84	0.66	0.57	0.70

* Per 100,000 Residents

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Severe Illness or Death Syndrome



There were no Severe Illness or Death Syndrome outbreaks reported this week.

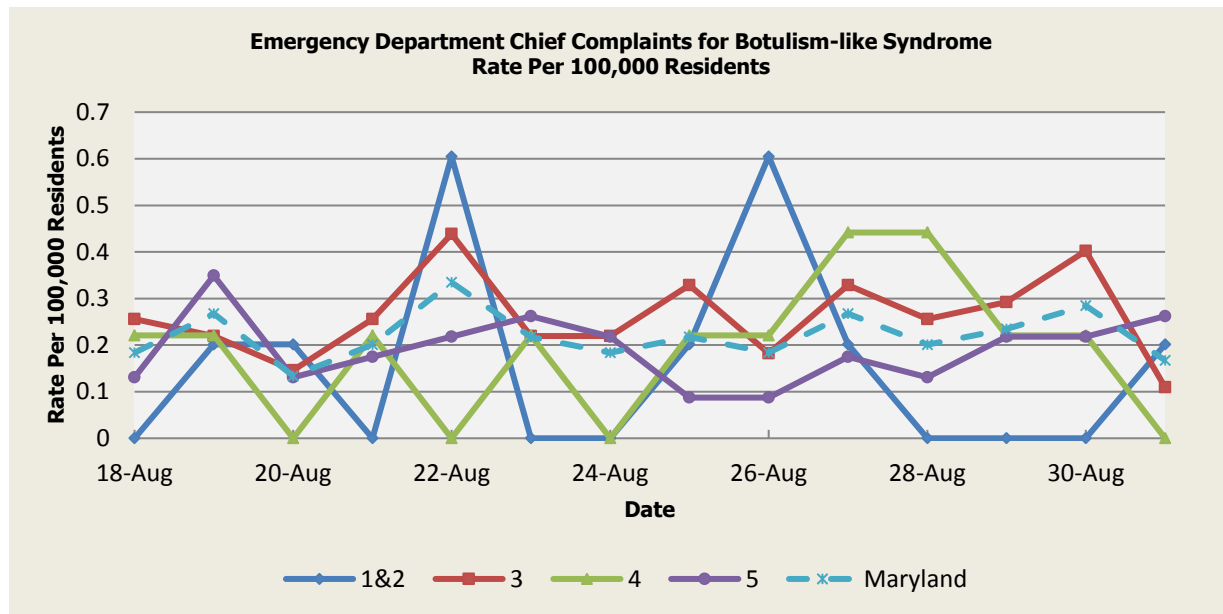
Severe Illness or Death Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.66	0.90	0.83	0.52	0.73
Median Rate*	0.60	0.84	0.66	0.48	0.70

* Per 100,000 Residents

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SYNDROMES RELATED TO CATEGORY A AGENTS

Botulism-like Syndrome



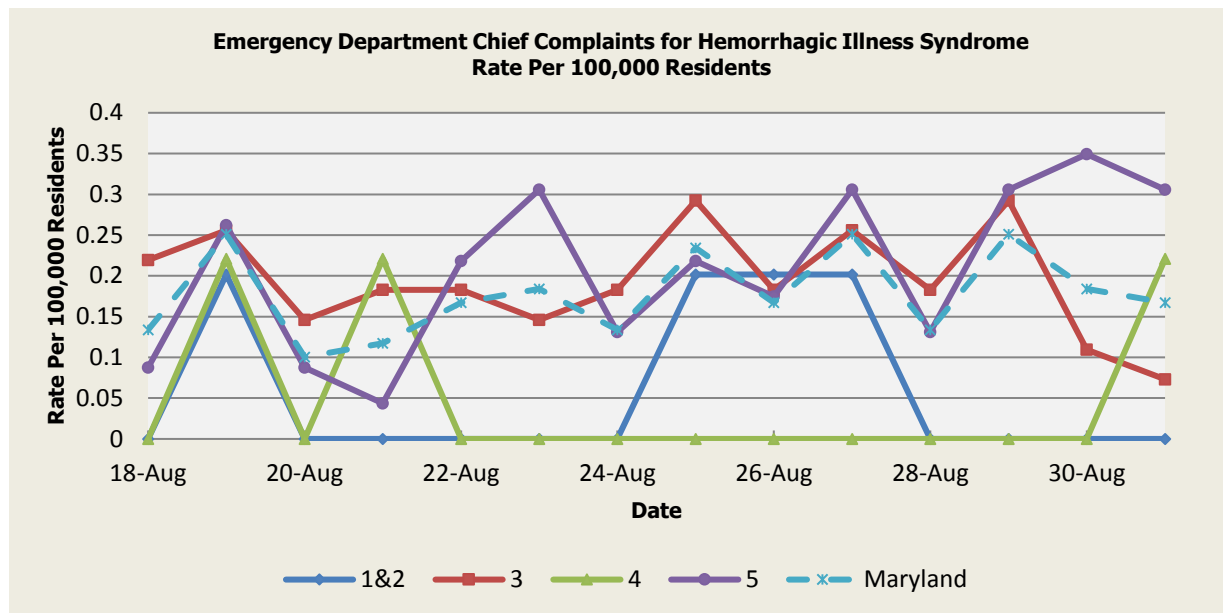
There was an appreciable increase above baseline in the rate of ED visits for Botulism-like Syndrome on, 8/18 (Regions 3,4), 8/19 (Regions 1&2, 4,5), 8/20 (Region 1&2), 8/21 (Regions 3,4,5), 8/22 (Regions 1&2, 3,5), 8/23 (Regions 4,5), 8/24 (Region 5), 8/25 (Regions 1&2,3,4), 8/26 (Regions 1&2,4), 8/27 (Regions 1&2,3,4,5), 8/28 (Regions 3,4), 8/29 (Regions 3,4,5), 8/30 (Regions 3,4,5), 8/31 (Regions 1&2,5). These increases are not known to be associated with any outbreaks.

Botulism-like Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.07	0.12	0.06	0.08	0.10
Median Rate*	0.00	0.11	0.00	0.04	0.08

* Per 100,000 Residents

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Hemorrhagic Illness Syndrome



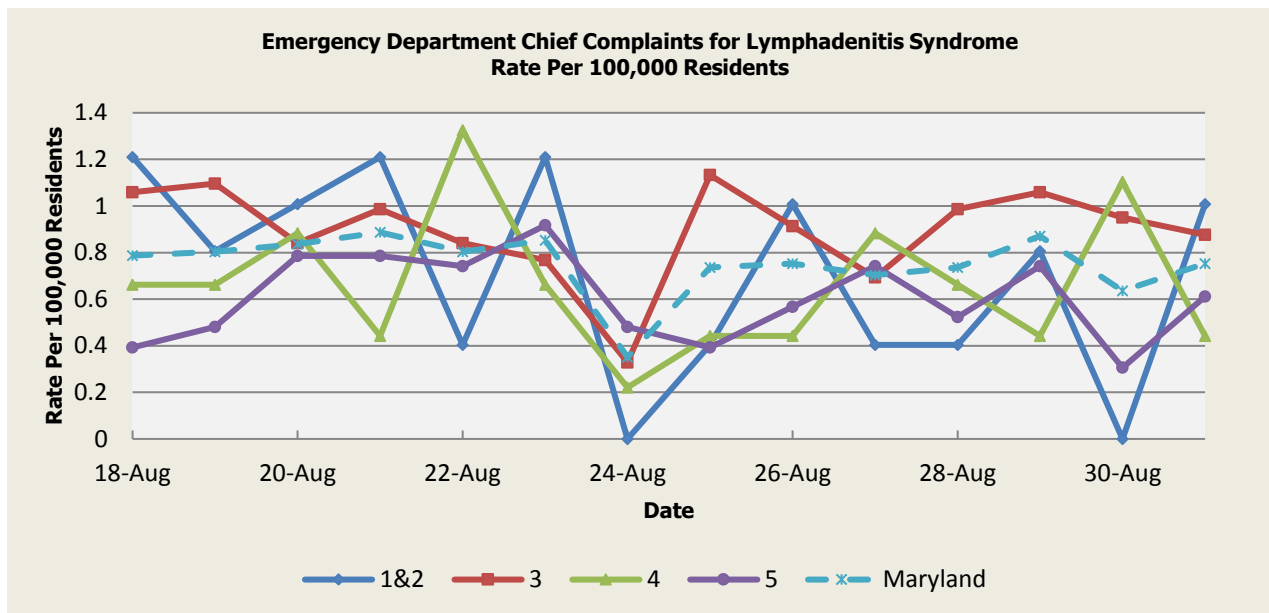
There was an appreciable increase above baseline in the rate of ED visits for Hemorrhagic Illness Syndrome on, 8/19 (Regions 1&2, 4,5), 8/21 (Region 4), 8/23 (Region 5). 8/25 (Region 1&2), 8/26 (Region 1&2), 8/27 (Regions 1&2,5), 8/29 (Region 5), 8/30 (Region 5), 8/31 (Regions 4,5). These increases are not known to be associated with any outbreaks.

Hemorrhagic Illness Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.04	0.16	0.04	0.13	0.13
Median Rate*	0.00	0.11	0.00	0.09	0.08

* Per 100,000 Residents

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Lymphadenitis Syndrome



There was an appreciable increase above baseline in the rate of ED visits for Lymphadenitis Syndrome on, 8/18 (Region 1&2), 8/19 (Region 1&2), 8/20 (Regions 1&2,4,5), 8/21 (Regions 1&2,5), 8/22 (Region 4), 8/23 (Regions 1&2,5), 8/26 (Region 1&2), 8/27 (Region 4), 8/29 (Region 1&2), 8/30 (Region 4), 8/31 (Region 1&2). These increases are not known to be associated with any outbreaks.

Lymphadenitis Syndrome Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	0.38	0.59	0.40	0.38	0.48
Median Rate*	0.40	0.51	0.44	0.35	0.42

* Per 100,000 Residents

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MARYLAND REPORTABLE DISEASE SURVEILLANCE

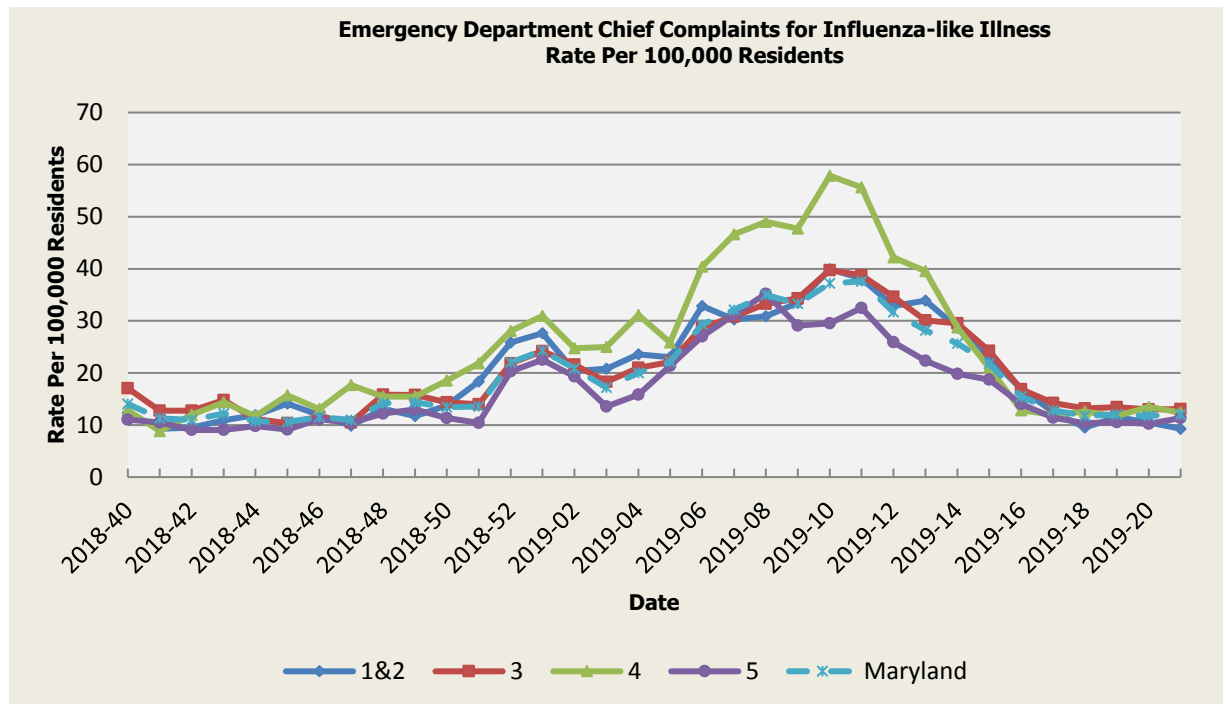
Reportable disease data from the National Electronic Disease Surveillance System (NEDSS) that feeds into ESSENCE is currently being validated. We will include these data in future reports once the validation process is complete.

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SYNDROMIC INFLUENZA SURVEILLANCE

Seasonal Influenza reporting occurs from MMWR Week 40 through MMWR Week 20 (October 2018 through May 2019).

Influenza-like Illness

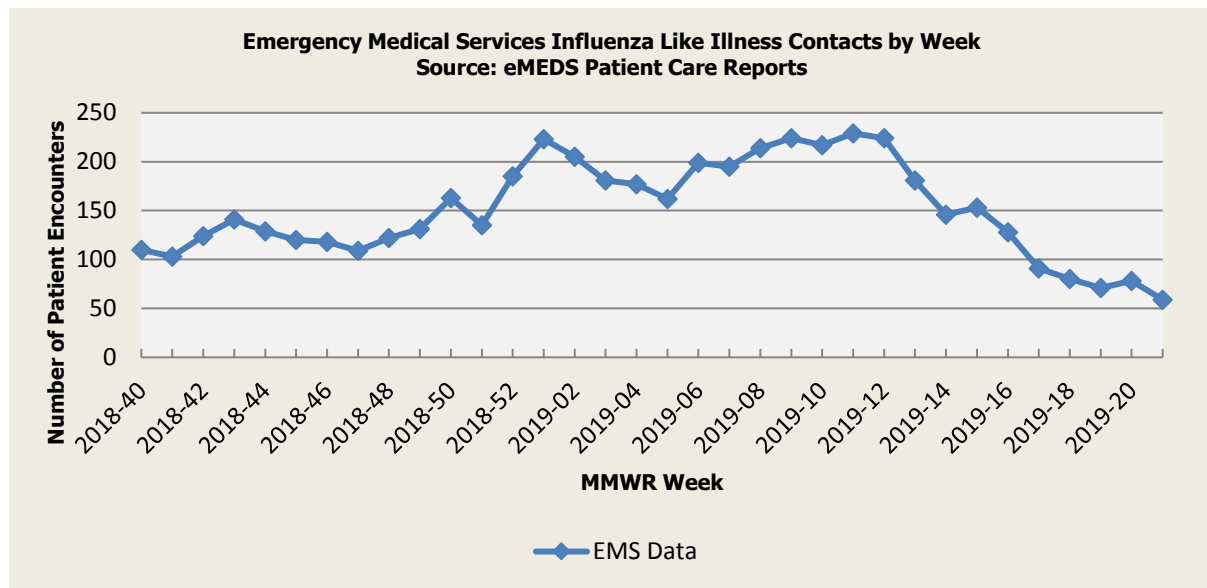


Influenza-like Illness Baseline Data Week 1 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	10.20	13.31	12.85	11.28	12.24
Median Rate*	7.66	10.30	9.27	8.77	9.44

* Per 100,000 Residents

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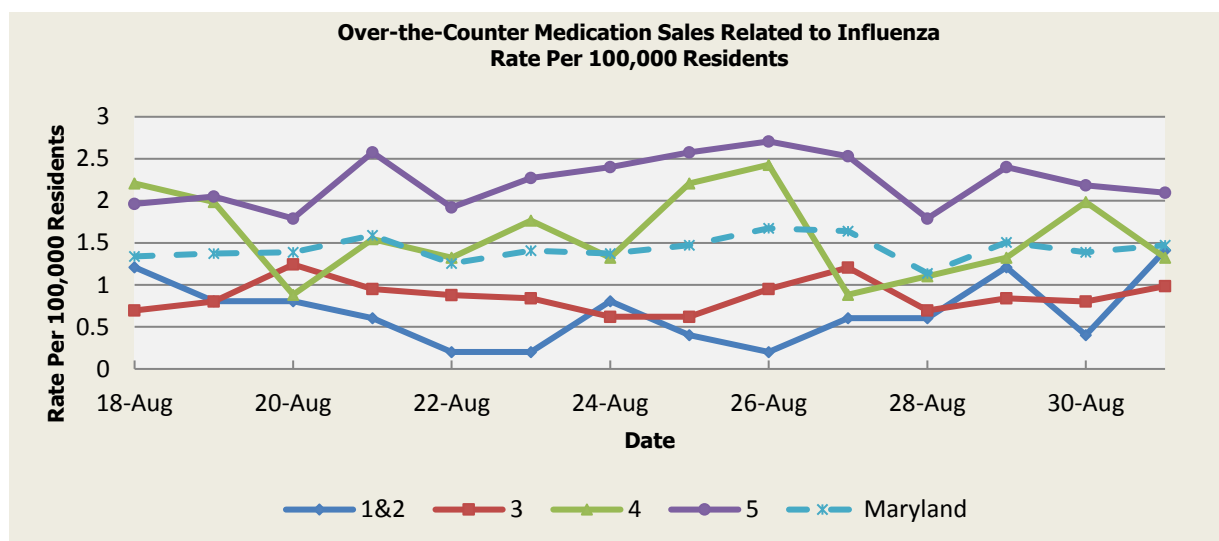
Influenza-like Illness Contacts by Week



Disclaimer on eMEDS flu related data: These data are based on EMS Pre-hospital care reports where the EMS provider has selected “flu like illness” as a primary or secondary impression of a patient’s illness. This impression is solely based on the signs and symptoms seen by the provider, not on any diagnostic tests. Since these numbers do not include all primary or secondary impressions that may be seen with influenza the actual numbers may be low. These data are reported for trending purposes only.

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Over-the-Counter Influenza-Related Medication Sales



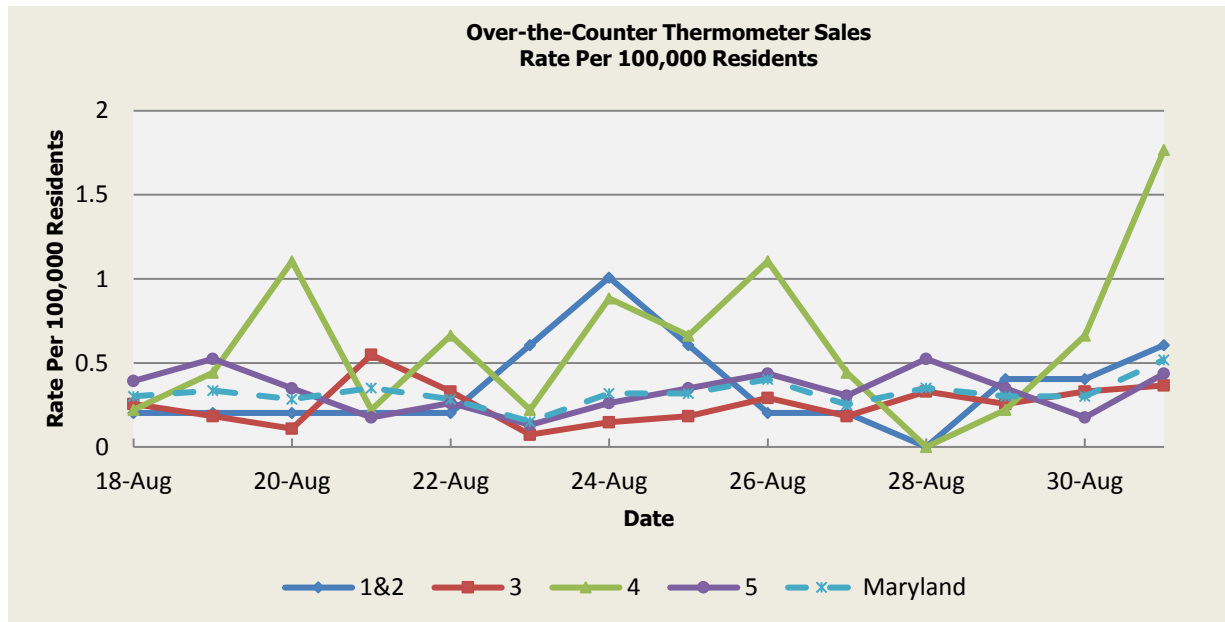
There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

OTC Medication Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	3.47	4.48	2.68	7.83	5.54
Median Rate*	2.82	3.65	2.21	7.12	4.82

* Per 100,000 Residents

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Over-the-Counter Thermometer Sales



There was not an appreciable increase above baseline in the rate of OTC thermometer sales during this reporting period.

Thermometer Sales Baseline Data January 1, 2010 - Present					
Health Region	1&2	3	4	5	Maryland
Mean Rate*	2.96	2.82	2.25	3.75	3.15
Median Rate*	2.62	2.70	2.21	3.67	3.08

* Per 100,000 Residents

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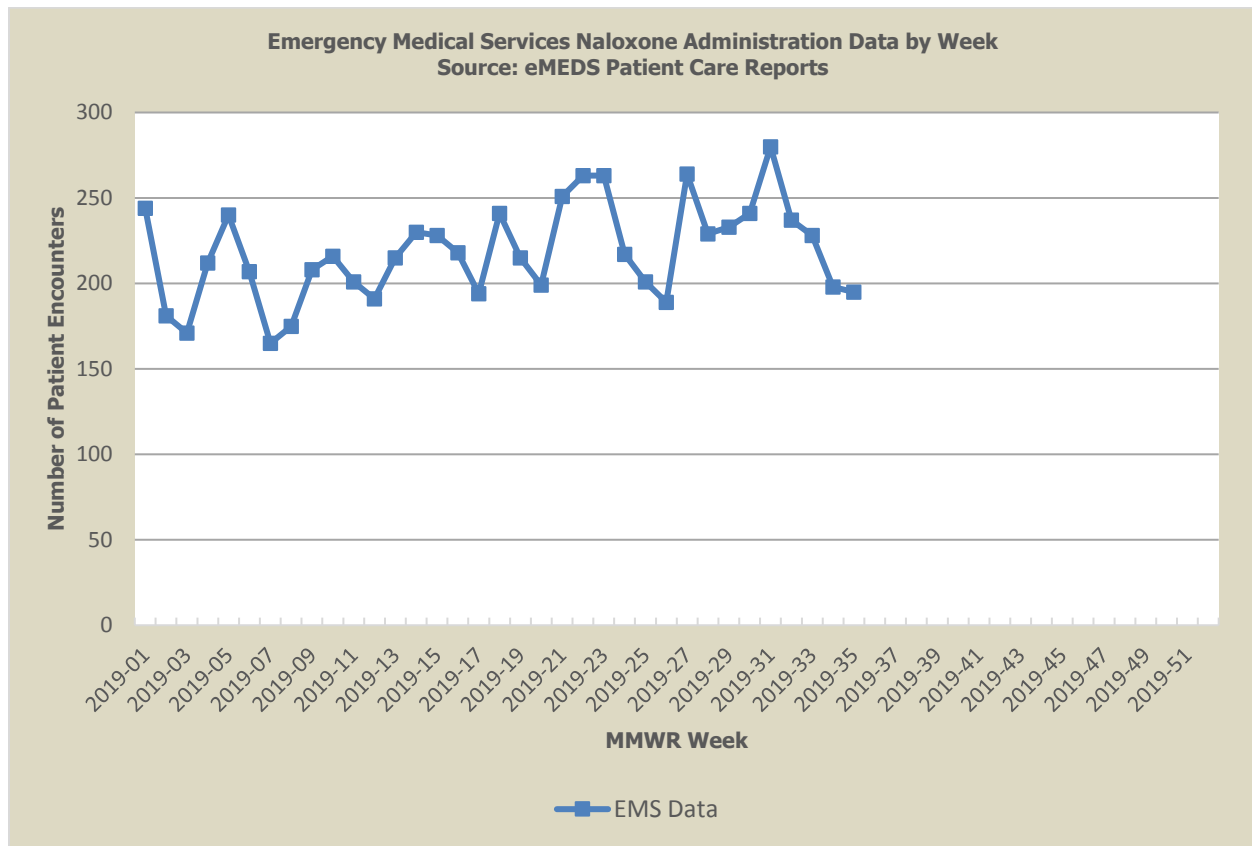
SYNDROMIC OVERDOSE SURVEILLANCE

The purpose of this section is to characterize non-fatal ED visit trends for acute unintentional overdose by Heroin, Opioid or Unspecified substance among Maryland residents captured by ESSENCE data, including chief complaint and discharge diagnosis. ED visits that are identified as unintentional overdose by Heroin, Opioid or Unspecified substance include those with medical and non-medical use of a prescription Opioid or where the substance is not specified, given evidence that most fatal overdoses are Opioid-related.

In preparation for the release of new ESSENCE queries for identifying heroin, opioid and all drug overdoses, please note that we have removed the data chart showing unintentional overdose rates by heroin, opioid, or unspecified substances. These new data, when available, will be presented below.

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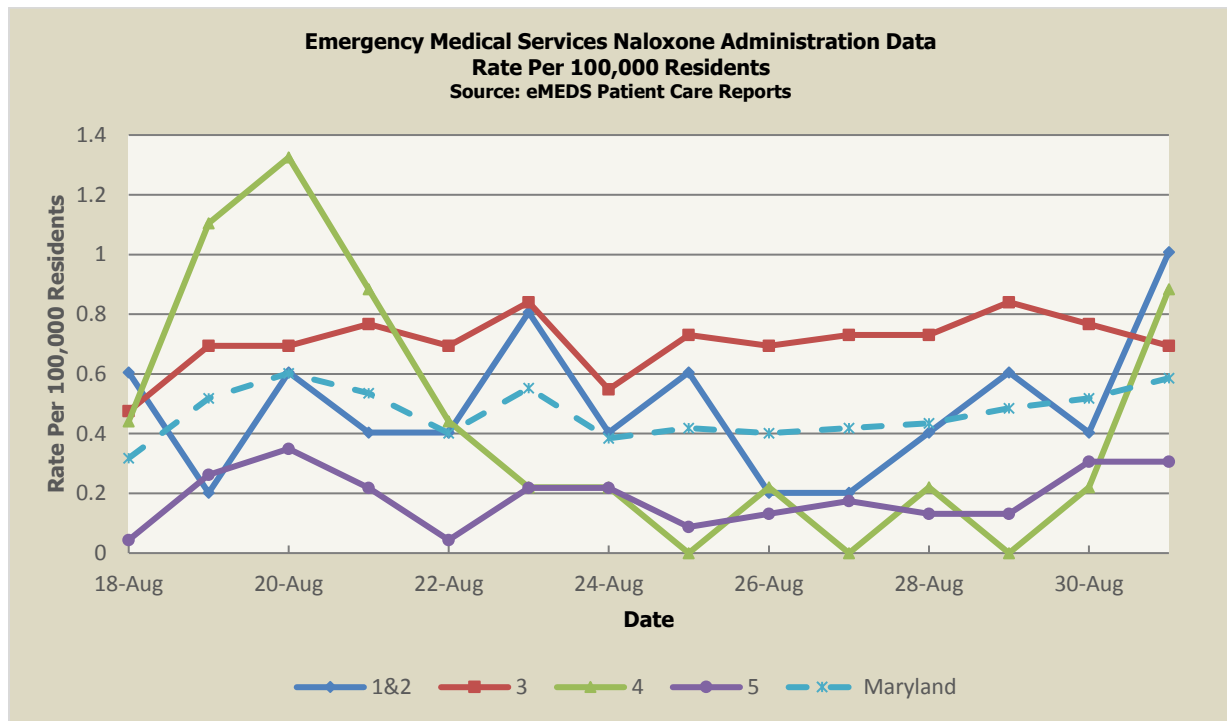
Naloxone Administration Data by Week



Disclaimer on eMEDS naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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Naloxone Administration Data



Disclaimer on eMEDS Naloxone administration related data: These data are based on EMS Pre-hospital care reports where the EMS provider has documented that they administered naloxone. The administration of naloxone is based on the patient's signs and symptoms and not on any diagnostic tests. These data are reported for trending purposes only.

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PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is ALERT. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

Influenza A (H7N9) is one of a subgroup of influenza viruses that normally circulate among birds. Until recently, this virus had not been seen in people. However, human infections have now been detected. Presently, there is limited information about the scope of the disease the virus causes and about the source of exposure. The disease is of concern because most patients have been severely ill. There is no indication thus far that it can be transmitted between people, but both animal-to-human and human-to-human routes of transmission are being actively investigated.

Alert phase: This is the phase when influenza caused by a new subtype has been identified in humans. Increased vigilance and careful risk assessment, at local, national, and global levels are characteristic of this phase. If the risk assessments indicate that the new virus is not developing into a pandemic strain, a de-escalation of activities towards those in the interpandemic phase may occur. As of September 5th, 2019, the WHO-confirmed global total (2003-2019) of human cases of H5N1 avian influenza virus infection stands at 861, of which 455 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 53%.

AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

HUMAN AVIAN INFLUENZA

There were no relevant human avian influenza reports this week

NATIONAL DISEASE REPORTS

SALMONELLOSIS (MULTISTATE), 5 Sept 2019, CDC and public health officials in several states are investigating multiple multistate outbreaks of *Salmonella* infections with serotypes Agona, Alachua, Altona, Anatum, Braenderup, Enteritidis, Infantis, Manhattan, Montevideo, Muenchen, Newport, and Oranienburg linked to contact with backyard poultry. Read More: <https://www.promedmail.org/post/6659617>

E COLI EHEC (PHILADELPHIA), 5 Sept 2019, The Philadelphia Department of Public Health announced an outbreak of *E. coli* infections that have sickened 14 people so far. Read More: <https://www.promedmail.org/post/6659371>

RABIES (MULTISTATE), 4 Sept 2019, A Glacier National Park resident is undergoing rabies vaccinations after being scratched by a rabid bat. Read More: <https://www.promedmail.org/post/6657837>

SALMONELLOSIS (WISCONSIN), 4 Sept 2019, A _Salmonella_ outbreak linked to food from Outpost Natural Food in Milwaukee, Wisconsin has sickened at least 4 people, according to the Wisconsin Department of Health Services. Read More: <https://www.promedmail.org/post/6657402>

COCCIDIOIDOMYCOSIS (ARIZONA), 3 Sept 2019, According to the Arizona Department of Health Services, 6414 cases of Valley fever were reported in the state as of 27 Aug 2019. In 2018, the number of cases reported through August 2018 was 5260. The total for the year, according to AZDHS [Arizona Department of Health Services], was 7478. Read More: <https://www.promedmail.org/post/6642800>

ST. LOUIS ENCEPHALITIS AND WEST NILE VIRUSES (ARIZONA), 2 Sept 2019, The Arizona Department of Health Services reports a record high number of mosquitoes testing positive for the West Nile virus [WNV] and St. Louis encephalitis [SLE] in the state, particularly in Maricopa County. Read More: <https://www.promedmail.org/post/6654022>

EASTERN EQUINE ENCEPHALITIS (RHODE ISLAND), 01 Sept 2019, Public health officials say a Rhode Island man has tested positive for the potentially deadly mosquito-borne virus eastern equine encephalitis [EEE]. Read More: <https://www.promedmail.org/post/6651775>

INTERNATIONAL DISEASE REPORTS

E COLI EHEC (DENMARK), 5 Sept 2019, 2 children - one on the island of Funen and another in the Copenhagen area - died due to a rare complication related to EHEC, a strain of the _E. coli_ bacteria. Both children died of kidney failure, but the 2 tragic cases are not connected. A 3rd child also contracted kidney failure but survived, DPSA said. Read More: <https://www.promedmail.org/post/6659381>

RIFT VALLEY FEVER (CENTRAL AFRICAN REPUBLIC), 04 Sept 2019, On 19 Aug 2019, the Institut Pasteur of Bangui (IPB), Central Africa Republic, reported a confirmed case of Rift Valley fever (RVF) in Bossembele health district, Boali sub-prefecture. Read More: <https://www.promedmail.org/post/6657915>

UNDIAGNOSED ILLNESS (NIGERIA), 4 Sept 2019, At least 4 people have been confirmed dead and 12 hospitalized after students of the College of Education, Waka-Biu in Biu Local Government Area of Borno State returned from a Yankari Games Reserve field trip. According to witnesses who spoke to Premium Times on [the] phone from Biu, those that lost their lives complained of abdominal pains after which they vomited blood. Initially, the death toll was put at 9, a figure which the Provost of the school, Mohammed Audu, said was incorrect. Read More: <https://www.promedmail.org/post/6657508>

HANTAVIRUS (GERMANY), 4 Sept 2019, The 1st recorded death from [a] hantavirus [infection] may have occurred in Bavaria. The suspected case has not yet been confirmed. Read More: <https://www.promedmail.org/post/6656306>

BRUCELLOSIS (ALGERIA), 4 Sept 2019, The current human brucellosis epidemic in Ath Mansour has again claimed new victims. These are 2 citizens of Ath Vouali, hospitalized Wednesday [28 Aug 2019] at the EPH Kaci Yahia M'Chedallah. Read More: <https://www.promedmail.org/post/6657507>

NOROVIRUS (MULTINATIONAL), 4 Sept 2019, More than 100 people have fallen ill in Norway from norovirus likely in a frozen seaweed salad from China. Read More: <https://www.promedmail.org/post/6657271>

DIPHTHERIA (INDIA), 4 Sept 2019, Up to 25 medical students at the Gulbarga Institute of Medical Sciences (GIMS) in Kalaburagi district in Karnataka have contracted the vaccine-preventable disease, diphtheria. Read More: <https://www.promedmail.org/post/6640333>

LEGIONELLOSIS (UNITED KINGDOM), 3 Sept 2019, An investigation has begun into a rise in cases of the potentially deadly legionnaires' disease in one part of Wales. Public Health Wales has confirmed that 11 cases have been identified in Barry, Vale of Glamorgan over the past 12 months. Read More: <https://www.promedmail.org/post/6655223>

CRIMEAN-CONGO HEMORRHAGIC FEVER (INDIA), 2 Sept 2019, Another 2 women have fallen victims to Crimean-Congo haemorrhagic fever (CCHF), known as Congo fever, in a week, taking the total toll due to the virus to 3, the state government said on [Wed 28 Aug 2019]. Read More: <https://www.promedmail.org/post/6648234>

LISTERIOSIS (SPAIN), 1 Sept 2019, Three pregnant women have suffered miscarriages, and nearly 200 people have been hospitalised with [listeriosis] as an outbreak of the infection grips Spain's holiday spots. A nationwide alert has been sent out after _Listeria_, bacteria which can cause a type of food poisoning called listeriosis, were suspected in packaged pork.. Read More: <https://www.promedmail.org/post/6652320>

ANTHRAX (ARMENIA), 31 Aug 2019, The Ministry of Health has received information that 2 residents of Getashen rural community of Armavir Province were transferred to the capital city Yerevan infection hospital, and with boil-like wounds (cutaneous anthrax symptoms) on their fingers and wrists, the ministry informed. Read More: <https://www.promedmail.org/post/6651425>

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: <http://preparedness.health.maryland.gov/> or follow us on Facebook at www.facebook.com/MarylandOPR.

More data and information on influenza can be found on the MDH website:
<http://phpa.health.maryland.gov/influenza/fluwatch/Pages/Home.aspx>

Please participate in the Maryland Resident Influenza Tracking System (MRITS):
<http://flusurvey.health.maryland.gov>

NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail us. If you have information that is pertinent to this notification process, please send it to us to be included in the routine report.

Prepared By:

Office of Preparedness and Response, Maryland Department of Health
300 W. Preston Street, Suite 202, Baltimore, MD 21201
Fax: 410-333-5000

Peter Fotang, MD, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-8438
Email: Peter.Fotang@maryland.gov

Jennifer Stanley, MPH
Epidemiologist, Biosurveillance Program
Office: 410-767-2074
Email: Jennifer.Stanley@Maryland.gov

Jessica Acharya (Goodell), MPH
Career Epidemiology Field Officer, CDC
Office: 410-767-6745
Email: Jessica.Goodell@maryland.gov

Appendix 1: ESSENCE Syndrome Definitions and Associated Category A Conditions

Syndrome	ESSENCE Definition	Category A Conditions
Botulism-like	(Botulism or (DifficultyFocusing and DifficultySpeaking) or (DifficultySpeaking and DifficultySwallowing) or (DifficultySwallowing and DifficultyFocusing) or DoubleVision or FacialParalysis or GuillainBarre or Ptosis) and not GeneralExclusions	Botulism
Fever	(Chills or (FeverPlus and (Drowsiness or Seizure)) or FeverOnly or SepsisGroup or ViralSyndrome) and not GeneralExclusions	N/A
Gastrointestinal	(AbdominalCramps or AbdominalPainGroup or Diarrhea or FoodPoisoning or Gastroenteritis or GIBleeding or Peritonitis or Vomiting) and not (GeneralExclusions or Gynecological or Obstetric or Reproductive or UrinaryTract)	Anthrax (gastrointestinal)
Hemorrhagic Illness	(FeverOrChills and (AcuteBloodAbnormalitiesGroup or BleedingFromMouth or BleedingGums or GIBleeding or Hematemesis or Hemoptysis or Nosebleed or Petechiae or Purpura)) and not GeneralExclusions	Viral Hemorrhagic Fever
Localized Lesion	(Boils or Bump or Carbuncle or DepressedUlcer or Eschar or Furuncle or InsectBite or SkinAbscess or (SkinSores and not AllOverBody) or SkinUlcer or SpiderBite) and not (GeneralExclusions or Decubitus or Diabetes or StasisUlcer)	Anthrax (cutaneous) Tularemia
Lymphadenitis	(BloodPoisoning or Bubo or CatScratchDisease or SwollenGlands) and not GeneralExclusions	Plague (bubonic)
Neurological	(([Age<75] and AlteredMentalStatus) or (FeverPlus and (Confusion or Drowsiness or Petechiae or StiffNeck)) or Delirium or Encephalitis or Meningitis or UnconsciousGroup) and not GeneralExclusions	N/A
Rash	(ChickenPox or Measles or RashGeneral or Roseola or (Rubella and not Pregnancy) or Shingles or (SkinSores and AllOverBody) or Smallpox) and not GeneralExclusions	Smallpox
Respiratory	(Anthrax or Bronchitis or (ChestPain and [Age<50]) or Cough or Croup or DifficultyBreathing or Hemothorax or Hypoxia or Influenza or Legionnaires or LowerRespiratoryInfection or Pleurisy or Pneumonia or RespiratoryDistress or RespiratoryFailure or RespiratorySyncytialVirus or RibPain or ShortnessOfBreath or Wheezing) and not (GeneralExclusions or Cardiac or (ChestPain and Musculoskeletal) or Hyperventilation or Pneumothorax)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Severe Illness or Death	CardiacArrest or CodeGroup or DeathGroup or (Hypotension and FeverPlus) or RespiratoryArrest or SepsisGroup or Shock	N/A

Appendix 2: Maryland Health and Medical Region Definitions

Health and Medical Region	Counties Reporting to ESSENCE
Regions 1 & 2	Allegany County Frederick County Garrett County Washington County
Region 3	Anne Arundel County Baltimore City Baltimore County Carroll County Harford County Howard County
Region 4	Caroline County Cecil County Dorchester County Kent County Queen Anne's County Somerset County Talbot County Wicomico County Worcester County
Region 5	Calvert County Charles County Montgomery County Prince George's County St. Mary's County

